

**Colorado Department of Health Care Policy and Financing
Division for Intellectual and Developmental Disabilities
Listening Log**

Home and Community Based Services-for Persons with Developmental Disabilities (HCBS-DD) and Home and Community Based Services-Supported Living Services (HCBS-SLS) waiver renewal

#	Date Received	Person or Organization	Comment	Division's Response	Will draft waiver be revised?
1	2/5/14	Geri Leporati Behavioral Therapist	“It is brought to my attention that there is a chance that public personnel are now accepting comments regarding the waiver renewal. I have worked with many families over the years, and I have watched families both suffer, and strive. I'd like to take a moment to share a few of my experiences. I have worked with many families that simply say, my life just sucks. I can't get any help I need. Or families that will say, I really wish that I could have gotten services when the behavior issues first started, imagine how much could be prevented. Or even, I have had stop working, and give up everything. Time and time again, I hear these things and it make me stop and think, why is it so hard for these parents to get help for their children at a young age? Why can't there be more services to help them! They are right and more people should hear them. If the state is worried truly about the budget, then they should worry more about the homes lives of each individual child. If a child is recognized with behavioral issues from a very early start, there is so much potential to help that child, mold and grow out of issues and into a more successful life. Having this available for families would in the long run save	Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints. The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.	No

			<p>money. If a child is offered supports from a young age at home, and in school then there is a much higher chance for him/her to grow up and be able to maintain an independent life, free of services, working their own jobs. However many are denied services, they are denied school supports, and they are put on to waiting list for years! Due to this delay in supports, a child will grow with the disabilities, which means that it will only get worse as time goes on. They will learn less life lessons, and they will more likely have a harder time adjusting to the world, and ever gaining their independence. It is very likely that they will need services to go well throughout their life. Providing services in schools and at home means that parents can go to work, they can continue their lives, and support the economy as well. Parents, are what raise our future generations, however if we can't take care of either, we are really hurting ourselves in the long run. I've said to many times, "I don't know how you do it" but they manage to hold on with everything they have. Children should not be given a price limit, or funding cut offs, children should be given opportunities.”</p>	<p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
2	2/5/14	<p>Amber Wiles, M.S., BCBA Board Certified Behavior Analyst Lead Therapist, Behavior Services of the Rockies</p>	<p>“I am a Board Certified Behavior Analyst working in the state of Colorado. I have been working with individuals with Developmental Disabilities for over 7 years. Applied behavior analysis is by far one of the most effective interventions for individuals with Developmental Disabilities and the primary reason for that is because it is individualized. ABA creates an intervention for the individual and their specific needs and we're able to offer support to others in their environment across all settings (e.g., schools, homes,</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The</p>	No

			<p>day programs, host homes, etc.). The caps approved in 2011 hinder this individualized treatment approach. Hours are no longer approved based on the needs of the individual and are now a set number. This is similar to giving everyone the same dosage of a prescription, the same number of physical therapy hours following an accident, or the same number of counseling/therapy hours for anyone who gets a divorce; this is not the way doctors, psychiatrist, or therapist provide treatment to neurotypical individuals. Every individual who sees the specialist listed above have individualized treatment; why would individuals with developmental disabilities deserve something less? Hours should be based on an individuals' needs not a cap."</p>	<p>group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
3	2/5/14	Dawn Marie Bisgard	<p>"Hi my name is Dawn Marie Bisgard I came to these services in 2005 I really believe in the behavior services because without this service and the amount of funding I got I would probably be dead or in prison when I came to these services I was on drugs going with random people in cars to get drugs I was in and out of jail with no hope for tomorrow or my future I was sitting in jail in 2005 and they told me about doing this program I felt ok for once in my life like I was going to get my life back and that is what happened in 2010 I got consumer of the year at imagine and just kept going from there striving to do and use every piece of tool or information I could to keep going and growing I cannot stress enough about</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and</p>	No

			<p>how this cap is hurting this people that can truly benefit from this as much I have. I'm now working [with] behavioral staff implementing this plan. I have now left services and am currently off SSI and I would not have come this far if there was a cap on this when I went through behavior services and I'm not going to give up to get this cap gone I am living proof that this money is not going to waste if I am the way I am now we can continue helping more people please re consider taking off this cap."</p>	<p>dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
4	2/5/14	Robin Hawk	<p>"I'm contacting you to request the removal of the capped behavior supports for individuals that need them most!</p> <p>Thank you for fighting for those who are too overwhelmed with caring for those who can't care for themselves and could be a very difficult burden on society."</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and</p>	No

				<p>incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
5	2/5/14	<p>Chad Hunter, MS, BCBA Lead Therapist Behavior Services of the Rockies</p>	<p>“The waiver renewal is upon us, and we have an opportunity to address the caps placed on behavioral services. The caps went into place a few years ago (July 1, 2011), and reduced behavioral services by over 50% in some cases. Here is an article in the Denver Post regarding the reductions: http://www.denverpost.com/ci_18244235</p> <p>These cuts affected the most needy. Adults with higher need receive the same level of services that the least needy receive. These caps are not individually based decisions based on the welfare of the individual, but an average of services provided across the entire population.</p> <p>These cuts had a dramatic effect on the community, including but not limited to a reduction in quality assessments (due to limited funds), a reduction in more comprehensive supports and supervision/oversight of certified practitioners (due to limited funds), strain on residential providers with clients needing more support, strain in day program</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the</p>	No

		<p>providers not receiving needed behavior support for their consumers, strain on emergency services not designed, trained, or supported to provide services for individuals with Developmental Disabilities. These were financial decision based on cutting the areas where the least political blowback might occur.</p> <p>Adults we serve do not (for the most part) march on the capitol and demand services. Oftentimes, they do not vote, they have no voice, and more oft than not do not have parents involved to advocate for their needs, or to vote accordingly. They are a soft target for budget cuts.</p> <p>I believe an individual need based allotment of behavioral support units should be evaluated. It should prove more cost effective than the current averaging all services across all individuals and then capping the services regardless of severity of need.</p> <p>Prior to the changes and caps placed on behavior supports, the Individual Development Team determined the need for Behavior Supports based on the individual. The amount of services was determined by the team designated to advocate for the individual (in CES waiver it is the parent in collaboration with the clinician and case manager that determined the “dosage” of behavior supports), now it is a set number. A reasonable comparison to this dosage capitation, would be if the insurance company set a standard milligram dosage of medicine you will be receiving for an illness, instead of an individually prescribed dosage based on your need. The result has</p>	<p>appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
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6	2/6/14	Jill Tappert	<p>“I am writing to encourage you to individualize the amount of behavioral services an individual receives under the applicable waivers -- based on need and not an arbitrary cap.</p> <p>It is simply common sense --- you wouldn't give an individual half of the recommended amount of a prescribed drug.</p> <p>It also serves those who need the most services -- promoting independence, safety, and communication, which in turn save resources in other areas.</p> <p>In addition to considering the allocation of financial resources, please also remember that these are real people we're talking about. When society is concerned that we wasted tax dollars on a police call or ER visit that should have been avoided, we should be equally concerned that a fellow Coloradan -- someone's son or brother or neighbor -- is in a dire situation that is not blameworthy. Our most vulnerable citizens deserve our protection and care.”</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p>	No

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7	2/6/14	John Sheldon Autism Society of Colorado , Vice President Autism Society of Boulder County , Committee Member and Volunteer	<p>“I am writing to you today regarding the “Waiver Renewal,” to request removal of the capped behavior supports for special-needs individuals that need them most. I would be happy to get on the phone, or come to a meeting, to discuss options/alternatives. I recommend an individual needs-based allotment of behavioral support units, so kids who need more support can get more support. Today, individuals with higher-needs receive the same level of services that the least needy receive. The system does not seem to be operating effectively today. <u>There are better ways to work through this challenge, and I am willing to help. Please call on me should you want my advice and counsel.</u></p> <p><u>Please help me inform the Colorado Legislature and the Department of Developmental Disabilities that there is a better way to manage the system. The most-vulnerable and most-needy of special-needs individuals require more services and support now, to address their challenges at the earliest possible stage, to help them live productive lives. Addressing their needs early will help reduce the services they need later in life. A needs-based allotment of behavioral support units, should prove more cost effective than the current averaging of all services across all individuals, and then capping the services regardless of severity of need.</u>”</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	No

8	2/6/14	Dick Markley	<p>“I understand you are working on a waiver renewal that includes behavioral supports. I’m not sure which waiver it is but the need is similar whether it is CES or SLS or the DD waiver. The lack of Behavioral Health supports increases cost for the other services. It is paramount that individuals with a developmental disability be evaluated and treated for any condition which causes behavioral issues. I can speak with some authority as the behavioral issues with my son caused first the death of my wife in not being able to deal with him any longer and then his death as he required restraint in day program and died during the ordeal.</p> <p>We worked with the CCB and the JCMH personnel to try to address the issue but the CCB did not have the resources needed in the late 90’s and early 2000’s. JCMH only worked with him with drugs to address his behavior based on a standard psychological issue. As a result of his death, we developed a behavioral health program at DDRC which is helping many people to improve their behavior so they can be worked with in their normal programming.</p> <p>The problem since the state started funding behavioral health services is they took the aggregate amount of service across the DD program and divided by the number of individuals and created a cap which applies to everyone. That makes absolutely no sense as it means they cut the people who needed the most service so those people are just being serviced but not fixing the problem because you’re giving them ”half a</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
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			<p>dose”. In actuality, unless you really address the behavioral issues completely, they will not be able to function normally in their program and will require a higher staff to client ratio, thereby raising the cost of the regular program.</p> <p>That is what happened with my son and I lost my whole family as a result. I sincerely hope you get this properly evaluated and provide the whole dose and not a half dose!”</p>		
9	2/9/14	Carol Silvestain	<p>“I recently learned that our government has decided that all people have the exact same needs. The way in which the government wanted to support everyone with the exact same needs was to average the amount of behavioral support actually needed and then dole out that same to everyone. This flaw in logic created a failed system from its inception. I do believe this was done to either 1. make it easier for our government to dispense the money for said behavioral support or 2. to save money. I believe it has not saved money (I do believe it has cost us more!) nor has it helped the people who need the support the most. This is not ice cream. Those who do not want/need more will not use more. Believe me, us parents of children with I/DD do not need one more thing to do...but if we NEED the behavioral support – we NEED the behavioral support that is appropriate based upon our loved one’s situation – not based upon a government mandate. It is not pretty – but it is reality. Those who NEED more behavioral support, NEED more behavioral support. Those who need less – need less.</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the</p>	

			<p>Two analogies come to mind with our government's faulty logic. Would we take all of the speed limits on our Colorado roads, average them and then mandate that everyone drive at say 47.5 mph??? Would a physician average out the milligrams of a particular medication and tell each of his/her patients to take that said average amount???</p> <p>Please use common sense by removing the capped behavioral supports from 2011.”</p>	<p>appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
10	2/9/14	Linda Y. Lotfi	<p>“I am the natural parent of a young lady of 23 years who is diagnosed with Autism and Down’s Syndrome. It has been very difficult to find the skilled level of supports needed throughout my daughter’s life until now. Such necessary support needed for quality of life but difficult to find and requires sufficient funding. Behavior skill can make the difference for individuals like my daughter. Without it abuse occurs, creating complex problems in the long run of more expense and difficult burdens on society. One cannot expect the same funding for all levels of needs and expect sufficient skill for behavioral support. Please consider what it really costs. This is why I am requesting the removal of the capped behavior supports for individuals that need funding them most!</p> <p>Thank you for reconsidering, and help these precious individuals like my daughter to achieve hope for life.”</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the</p>	

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11	2/10/14	Jodi Buchan (Parent to Parent)	<p>“I am part of the P2P-CO network, have been an advocate with the Arc/Mesa County, and a family advocate with HCP in NW CO. I am now simply Katie's mom.</p> <p>We were one of the desperate families on the HCBS wait list who were told the wait for a resource was anywhere from five to twenty years--no guarantee even by then. Just before Katie's 19th birthday in the spring of 2005, I moved with Katie up to ND where she received placement in a group home within 60 days. Katie's dad stayed back in CO for his job. Our family lived different states for three years. Then in fall of 2009, by some odd twist of unpredictability, we got her into STRIVE in Grand Junction, but not without great emotional stress and financial strain.</p> <p>While I was an advocate I heard stories from other desperate caregivers and parents, some of whom moved to other states and others who keep struggling here in CO. I was motivated to write a research paper on failed public policies for people with developmental disabilities. I attached it in case there is information you can use.</p>	<p>The Department acknowledges the difficulty families and individuals face in securing services for people with intellectual and developmental disabilities and the role played by the waiting lists. To this end, the Department has initiated two work groups:</p> <p>The Allocation of Waiver Enrollment Task Group- whose task is to develop recommendations for consideration by the Department regarding the allocation of waiver capacity in the HCBS-SLS and HCBS-DD waivers to determine a fair and equitable method of allocation.</p> <p>The State-level Management of Waiting List and Enrollment Task Group- whose task is to develop recommendations for consideration by the Department regarding the state management of the waiting list and enrollment into the HCBS-SLS Waiver.</p> <p>The Colorado General Assembly appropriated funds in the Fiscal Year 2013-2014 budget to end the waitlist for the Home and Community Based Services-Children’s Extensive Support (HCBS-CES) waiver. The Colorado General Assembly appropriated funds in the 2014-2015 budget to end the waitlist for the Home and Community Based Services-Supported Living Services (HCBS-SLS) waiver. The</p>	

			My personal position is that states need to eliminate their waiting lists for people with the greatest care needs and that the resource follows the person from state to state--an especially important feature for military families, along with secondary and tertiary guardians.”	Colorado General Assembly passed HB 14-1051 - Developmental Disability Services Strategic Plan in 2014. This legislation directs the Division for Intellectual and Developmental Disabilities develop a plan to end the waitlist for the HCBS-DD waiver by 2020.	
12	2/10/14	Michael Atlas-Acuña, Executive Director Colorado Bluesky Enterprises, Inc.	<p>“1. Caps that were to have been temporary need to be lifted. Caps were arbitrarily put in place for TCM, day habilitation and behavioral services. These caps have had a negative impact on the persons we serve. For example, in TCM many of the individuals we serve require much attention and often will exceed the cap because of their involvement with the court system. A case manager will spend a significant amount of time working with the various agencies to secure appropriate services for the person which often exceeds the caps. I'm afraid that if the caps are not lifted they will become permanent reductions in services.</p> <p>2. I also noticed that CDAS has been removed do you know why?”</p>	<p>Unit limitations for Targeted Case Management, Behavioral Services, and Day Habilitation were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services, Target Case Management, and Day Habilitation.</p> <p>Consumer Directed Attendant Support Services (CDASS) was removed by waiver amendment in 2011 per the Centers</p>	

				<p>for Medicare and Medicaid Services (CMS) pending further analysis.</p> <p>The Department began sharing the work plan with Stakeholders in August. Stakeholder input and participation with the work plan and service development was requested.</p>	
13-26	2/11/14	<p>Thomas J. Horvath, MS, BCBA Board Certified Behavior Analyst</p> <p>Tom Wyman</p> <p>Gena K. Rieck, Mom of a child with ASD past President, Autism Society of America - Boulder and Broomfield County Imagine! Colorado, Family Support Council, Member</p> <p>Yvette Terifay Mother of son with ASD</p> <p>Fiona Christoff</p> <p>Steven Fritz</p>	<p>“I am writing to you today regarding the “HCBS Waiver Renewal,” to request removal of the capped behavior supports for special needs individuals who need them most on the HCBS-CES, HCBS-DD and HCBS-SLS waivers. I recommend an individual needs-based allotment of behavioral support units, so children and adults who need more support can get more support. Today, individuals with higher needs receive the same level of services that the least needy receive. The system does not seem to be operating effectively today. There are better ways to work through this challenge.</p> <p>Please help me inform the Colorado Legislature and the Department of Developmental Disabilities that there is a better way to manage the system. The most vulnerable and most needy of special needs individuals require more services and support now to address their challenges and help them live productive lives. Addressing their behavioral needs and skill deficits will help reduce the services they require later in life. A needs-based allotment of behavioral support units should prove more cost-effective than the current averaging of all services across all individuals, and then capping the services regardless of severity of need.</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and</p>	

		<p>Jason Romero CEO Firefly Autism</p> <p>Peggy Herzog</p> <p>Jennifer Farren</p> <p>Whitney Pinion Secretary, Executive Board Autism Society of Boulder County</p> <p>Cassie Thompson</p> <p>Jordan Peel</p> <p>Ju Sheng</p> <p>Scott Sampson</p> <p>Kathy Hartman</p> <p>2/12/14</p>	<p>Please place my comments in the listening log for public record.”</p> <p>Additional comments emailed by Kathy Hartman on 2/ 13/14: “Above is the language that was recommended to me. I will tell you my personal story to emphasize this concern. My son is 19, diagnosed with Intellectual Disabilities, Developmental Disabilities and Anxiety with panic attacks. He is currently (expensively) housed at the Wheat Ridge Regional Center. While they are doing a great job I would prefer that my son be living with me in our home community of Loveland. I was unsuccessful in getting appropriate behavior support services in my home in Larimer County and I would guess that arbitrary caps and low reimbursement is what causes a lack of services in this county. Instead we have emergency room visits, police calls, 2 incarcerations, numerous hospitalizations and the end result is a more restrictive and costly placement. I truly believe that with appropriate in-home supports my son could be living under my supervision in our home community. He would be happier and hopefully more productive and we would be spending WAY less money. Please place my comments in the listening log for public record.”</p> <p>2/13/14</p> <p>Emmy Conroy, parent of a young man with Autism and President of the Autism Society of Boulder County.</p> <p>Liz Cooper</p> <p>Additional comments emailed by Emmy Conry 2/13/14 on “My son has always needed more than what our insurance was willing to cover. We have drained our savings in order to provide him the additional services. We Currently, we are on the</p>	<p>mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
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	2/14/14	Karen Zeid	<p>HCBS- CES wait list. I know that the one size fits all approach will not work for him. Throughout this journey he has improved with services and I worry that going forward he might not be able to meet his potential due to lack of services because he used up all the allotment. For him, the needs-based model will work best. Please place my comments in the listening log for public record.”</p> <p>Additional comments emailed by Liz Cooper emailed on 2/13/14: “As the parent of a child with special needs, I strongly believe that an individual needs-based allotment of behavioral support units is preferable to a strictly mathematical percentage-based allotment. As it is, individuals with higher needs receive the same level of services that the least needy receive. I believe that an arbitrary system of assigning benefits without analyzing individual needs deprives our most vulnerable citizens of necessary services, which ultimately affects us all negatively. Please place my comments in the listening log for public record.”</p> <p>Additional comments emailed by Karen Zeid on 2/18/13: “This does not only effect the child with disabilities but the whole family. Put yourself in our shoes. Support costs thousands of dollars every year and insurance is a joke. Please don’t cut our benefits!”</p>		
27	2/12/14	Bob Lawhead Public Policy Chair Colorado Association of	“I have been instructed by the Colorado Association of People Supporting Employment First (COAPSE) to submit comments on their behalf in response to Lori Thompson's email of January 15, 2014 that had the	The unit limitation for the of Procedure Code H2023- Individual Job Development in the Home and Community Based Services-for Persons with Developmental Disabilities (HCBS-DD) or Supported Living Services (HCBS-SLS)	

		<p>People Supporting Employment First</p>	<p>same subject line as this email communication to you. Please include the information below as COAPSE's formal response to this invitation to comment.</p> <p>The Colorado Association of People Supporting Employment First Supported Employment has significant concerns related to Colorado's present HCBS-DD and HCBS-SLS service funding levels for supported employment. Of most concern are the currently implemented service caps on Job Development (Procedure Code H2023 - Individual). Service funding for this service is set at a level so low that only segregated and/or congregate services may be provided by program approved service agencies for the vast majority of those served. The funding level used by the Colorado Division of Vocational Rehabilitation (DVR) is at 47% of the national average for this service according to the September, 2011 Colorado Findings and Observation Report by the State Employment Leadership Network (SELN). Funding levels for supported employment within the HCBS-DD and HCBS-SLS Waivers were developed by the Colorado Division for Developmental Disabilities (DDD) utilizing the DVR fee schedule as a basis and are similarly too low to allow service providers to provide critical job development services for anyone but the 10% to 20% of individuals with the fewest barriers to employment. As a result, the majority of Coloradoans with intellectual and developmental disabilities served by the State are forced into congregate (group) employment or segregated (pre-vocational) employment settings. Because the State has set a goal to expand</p>	<p>waivers was removed. A Communication Brief was distributed to stakeholders on May 28, 2014 explaining the removal of the unit limitation, which was effective May 28, 2014.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of Supported Employment and how a redesigned waiver could increase individualized employment opportunities for people.</p>	
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		<p>individualized supported employment for people served by the HCBS-DD and HCBS-SLS programs it is important to lift the Job Development service caps for this service.</p> <p>We further recommend retaining existing limitations on the use of Procedure Code H2023 - Group as this service has been expanding in Colorado, is not the preferred employment outcome for people with intellectual and developmental disabilities and does not need further incentives for it to be a viable service option. Further, on June 13, 2013 the Department of Justice Providence, RI Interim Settlement Agreement stipulated that "Supported Employment Placements... cannot be in facility-based work/sheltered workshops, group enclaves, mobile work crews, time-limited work experiences (internships), or facility-based day programs." This was written in response to the state of Rhode Island being found to needlessly segregate people with disabilities, which is inconsistent with the “most integrated setting” standard under Olmstead. This reference is being made to assure that Colorado understands the need to establish service provider capacity for typical one person – one job employment and to move away from the establishment of congregate group enclaves and work crews (group employment).</p> <p>Without adequate rates that cover the cost of providing individualized supported employment service capacity cannot be developed. This issue, that the State is forcing people into segregated settings inconsistent with the mandate of the Supreme Court’s</p>		
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			<p>Olmstead Ruling, applies to both the SLS and DD HCBS Waivers.</p> <p>Thank you for this opportunity to comment on Colorado's HCBS-DD and HCBS-SLS Waiver renewal.”</p>		
28	2/13/14	Julie Dreyfuss President/CEO Community Connections, Inc.	<p>“Thank you for the opportunity to review the DDD, SLS, and CES waivers.</p> <p>In reviewing the waivers I have a few questions.</p> <ol style="list-style-type: none"> 1. I thought the intent of this rewrite was to “copy and paste” the waivers from CDHS to HCPF but there are fundamental changes to them. How do you explain that? 2. In section 5.b of the DD waiver it refers to DHS but I think it is supposed to be HCPF. 3. If we are going to increase the qualifications (from 2 years of experience to 5 years of experience) I would like funding to go along with it so that I can pay people with more experience an appropriate amount. 4. I thought part of the logic of moving DDD to HCPF was to reduce the number of Departments which oversee the DDD; but with the addition of CDPHE in this waiver we haven’t changed the problem at all. We need to remove CDPHE or we are going to run into the same issues that this move was supposed to alleviate!” 	<p>Please see the answers below.</p> <ol style="list-style-type: none"> 1. The major changes as part of this renewal include: <ol style="list-style-type: none"> (a) Organizational change- this waiver program administered by the Department of Human Services' Division for Developmental Disabilities moved to the Department of Health Care Policy and Financing, Division for Intellectual and Developmental Disabilities (DIDD) to help realign and simplify Colorado's Medicaid waiver system.; (b) New quality improvement strategy (QIS) changes; (c) Increased Unduplicated Count; (d) Supported employment training course was removed for supported employment provider qualifications; and (e) 2.5% rate increase effective July 1, 2014. <p>There were no fundamental changes made to the waiver services or in the requirements for service delivery.</p> <ol style="list-style-type: none"> 2. The reference in the Main section, Assurances (5) b references the federal Department of Health and Human Services: “Financial Accountability. The State assures financial accountability for funds expended for home and community-based services and maintains and makes available to the [Federal] Department of Health and Human Services 	

				<p>(including the Office of the Inspector General), the Comptroller General, or other designees, appropriate financial records documenting the cost of services provided under the waiver. Methods of financial accountability are specified in Appendix I.”</p> <p>3. This statement was revised in all three waivers to correspond with language in rule (2 CCR 503-1 DEVELOPMENTAL DISABILITIES SERVICES (VOLUME 16) Number 16.246 E.). The current waiver lists the requirements as: “A Bachelor's degree from an accredited college or university, or A two year degree plus two years of experience in the field of developmental disabilities, or Five years’ experience in the field of developmental disabilities.” The waiver renewal lists the requirements as “A Bachelor's level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.” The requirement is not a Bachelor’s Degree and five (5) years’ experience, it is a Bachelor’s degree <u>or</u> five (5) years’ experience <u>or</u> some combination of education and experience equal to a Bachelor’s Degree or five (5) years’ experience.</p> <p>4. The number of Departments which operate the waivers for persons with intellectual and developmental disabilities has been reduced from two to one; the Department of Human Services (DHS) and the Department of Health Care Policy and Financing (HCPF), to HCPF only. The Department of Public Health and Environment (DPHE) does not operate the waivers, but only conducts the on-site surveys through an interagency agreement with HCPF.</p>	
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29	2/13/14	Travis Blevins, MS, BCBA Behavior Services of the Rockies	<p>“Since 2002, I have been working with adults with disabilities in Colorado. Prior to that I worked in several states providing behavioral supports to individuals with extremely challenging behaviors in institutions and the community helping them lead safer and more inclusive lives.</p> <p>In 1996, I started working with adults in an institution in Texas. The living arrangements, treatment, and lack of dignity shown to individuals housed there impacted the trajectory of my career and life forever. I remember asking myself, how can someone treat someone else like this? Like a forgotten people group thrown away. Over the years, I have watched and learned that they are easily forgotten by legislators and funding streams. The old adage, “The wheel that squeaks loudest gets the grease.” Holds true in the case. Oftentimes, the individuals I have had the privilege of working with cannot speak, they cannot request help when they desperately need it, they cannot be cry the cuts or caps on funding, they cannot articulate the impact it has had on their life since the caps on services went into place. They may be able to tell you that “Susie the behavior person doesn’t help me anymore”, or “I don’t even remember her name because she only comes once a month to help me”. They may be able to tell you that they have had to move a lot more. Transitioning to provider because the burn out, the lack of support, the dangerous behaviors became too much for the last placement. If the voiceless and disabled adult population struggling daily with dangerous behaviors could tell you the specific impact it has had on their life and wellbeing since the caps placed on services</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
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		<p>what might they tell you? Would they tell you that things are better now than they were before? Would they tell you that they have learned new ways of communicating their needs and wants and no longer rely on old patterns of behavior to get out of doing work? Would they say thank you for reducing services that could have helped them stay where they lived before?</p> <p>Please don't give up on those that suffer from patterns of destructive, problematic and unsafe behavior and just need some help learning alternative ways to communicate. PLEASE: Evaluate modifying the waiver to allow for additional services be provided to those that are most in need.</p> <p>Shouldn't we provide the correct dosage of needed services? Or should the dosage be dictated by non-clinicians, averaging all services across all individuals. Colorado has the talent and the clinicians to address these needs, they are just being told no, your recommended dosage of behavior therapy is more for this individual who on the highest risk tier for all other services than the individual who is on the lowest tier.</p> <p>While the specific data is confidential, I have subjectively experienced additional emergency placements due to lack of support around severe behaviors, increased police and forensic involvement, increased admissions to inpatient hospitals, psychiatric hospitals, and day programs, community residential providers refusing placement due to severe behaviors, (and I can't blame them, the services are so limited with the caps often behavior supports in multiple</p>		
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		<p>settings, i.e. home, day program, work, school are minimized to focus on the area most in need of help).</p> <p>PLEASE: Easy suggested fixes:</p> <ul style="list-style-type: none">• Hitch the behavior unit allowable range to the SIS tier,• Allow for exceptions to the capped rates following justification of need.• TITRATE the behavior unit allotment BASED ON NEED• Require providers to provide empirical data on usage, utilization, and titration of behavior services• Identify providers who specialize in working with most challenging individuals, work with them to develop systems to prevent outplacement of individuals to other states for services, and regional institution placement• Work with regional centers to interface with community providers to facilitate better communication around transitions to the community.• UNDERSTAND, some individuals need MORE behavior supports than others. And some need less.• Begin treating this population as individuals, with names, and families, who have differing and diverse needs. This can start by removing/altering or individualizing the caps placed on behavior services for the HCBS-DD, and HCBS-SLS waivers. <p>I would more than happy to meet with ANYONE at HCPF to just discuss possible solutions to this problem. Let me know if there is any interest in</p>		
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			collaborating with providers, advocates, and parents to help solve this problem.”		
30	2/13/14	Tom Turner Executive Director Community Options, Inc.	<p>“Hello Michele, and thanks for the opportunity to give input. By and large I understand that the Waivers are being resubmitted pretty much intact pending the Waiver Redesign process. That being said, my biggest concern with the current Waivers is that the caps on Day Hab., TCM, and Behavioral services will remain in place. Of all of the changes and cuts that we have been through over the past several years, I believe the one that has had the biggest impact on people in services, families, and providers is the Day Hab. cap. It forced most providers (including Community Options) to reduce day program from five days/week to 4 days/week, meaning that many parents now need to arrange supervision for their adult children on Fridays; Host Homes and other residential providers now have the residents home a full day a week (without additional revenue to cover the additional expense); and most day program staff had their hours cut from 40/week to 32/week, causing many of them to quit. This has had a profound negative impact on everyone, and has certainly contributed to the recent reversion. I would love to see DDD/HCPF pursue removing this cap.</p> <p>Thanks again for the opportunity to provide input.”</p>	<p>Unit limitations for Targeted Case Management, Behavioral Services and Day Habilitation were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services, Target Case Management, and Day Habilitation.</p>	
31	2/13/14	Bethany Coop	“I can't believe our system would put caps on behavioral interventions. We don't tell doctors to cap chemo treatments on cancer patients. We allow them	Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.	

			<p>to determine how much is necessary to treat the problem. Behavioral issues can be just as deadly for those who need services. Children and adults who have socially unacceptable behaviors are more susceptible to neglect and abuse. Individuals with disabilities who don't receive behavioral supports to learn the skills they need, struggle to develop their independence and respect. Behavioral interventions is a treatment. It is recognized by the surgeon general. The results from intensive treatments are remarkable. Colorado is behind the times. It's about caring for all members of our state and refusing to allow discrimination. By sending the message that this population doesn't deserve treatments that would provide a better standard of living, the message that is received is that they are unworthy.”</p>	<p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
32	2/13/14	Mary Lu Walton Executive Director Envision	<p>“We have a couple brief comments to submit on the waiver renewals.</p> <p>1. Caps that were to have been temporary should be lifted for day habilitation, behavioral services and TCM. Numerous people/families have been negatively impacted because they are unable to receive adequate units of day habilitation, behavioral</p>	<p>1. Unit limitations for Targeted Case Management, Behavioral Services and Day Habilitation were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of</p>	

			<p>services or TCM to stabilize the person and/or the family. In some cases, family members have been unable to maintain employment because they must be home with their adult child who can no longer have a 5 day a week day habilitation service.</p> <p>2. The requirement for staff to complete the DDD approved supported employment training course prior to implementing supported employment for people supported in the DD waiver has been removed but it was not removed from the SLS waiver requirements. That doesn't make sense. Additionally with staff turnover that training is not readily available in order to get staff trained and on the job timely."</p>	<p>the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services, Target Case Management, and Day Habilitation.</p> <p>2. The requirement for staff to complete the DDD approved supported employment training course in the HCBS-SLS waiver was removed.</p>	
33	2/14/14	Bob Seebeck (A concerned Coloradoan)	<p>"I am writing to you regarding the waiver renewal for Colorado's "special needs" population. I will be brief. A need based allotment of behavioral support units, based on individual needs (rather than the current system of averaging all services across all individuals and then capping the services regardless of severity of need) is the most moral and efficacious system when consideration is also given to the many tangential and "hard to measure" needs of Colorado's developmentally disabled population, e.g. dignity and respect. Without individualized supports, a DD person</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults</p>	

			<p>has a greater possibility of being moved out of a community group home setting and moved into large regional institutions with perhaps, a concurrent loss of a job. Emergency services and police contacts are more likely to increase, as well as unnecessary and non-therapeutic hospital stays, resulting in more taxpayer burden.</p> <p>I believe an individualized, need-based system will prove to be more cost effective in the long run. In addition, I believe a civilized society measures it's civility by how it treats its most vulnerable citizens. By "painting" behavioral supports with a broad brush, we see the beginnings of a path down a slippery slope to... where?</p> <p>Incremental steps toward less civility are just that.... no matter how small.”</p>	<p>with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
34	2/14/14	Joe Zelasko, MA, BCBA Behavior Services of the Rockies	<p>“I am writing to you regarding the waiver renewal as it was implemented in 2011.</p> <p>Prior to the changes and caps placed on behavior supports, the Individual Development Team determined the need for Behavior Supports based on the individual. Under the old caps, the amount of services was determined by the team designated to advocate for the individual, and typically reflected the need based on severity. It is now it is a set number, providing at most ONE HOUR per week for direct contact with the client, and an additional 20 hours for consultation.</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision;</p>	

			<p>It is as if the American Medical Association recommended that a maximum of 52 mg of aspirin be provided to anyone afflicted by physical pain or discomfort, whether they were suffering a mild headache, a broken bone, or were recovering from major surgery.</p> <p>One size does NOT fit all, though this approach certainly makes it easier to balance a spreadsheet.</p> <p>The result has been some of the behavior supports provided under the 2011 caps are less effective than they were prior, resulting in displacement of adults on the waiver to regional centers, increased police and emergency contact, and increased hospitalizations, all of which do not provide therapeutic benefit, and do not increase safer, more productive and socially normative behaviors. The net result, in my opinion, is that an already-marginalized part of our community is further removed from main-stream society, rather than being helped to integrate into it.</p> <p>I fully support the current requirements for service provision (i.e., from competent, certified practitioners,) as well as a closer watch on the way in which Behavioral Line staff units are utilized.</p> <p>Most importantly, I believe an individual need-based allotment of behavioral support units should be evaluated. It should prove more cost effective than the current practice of “averaging all services across all individuals and then capping the services regardless of severity of need.”</p>	<p>incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
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			I thank you for your time and consideration.”		
35	2/14/14	Susan Mizen, Executive Director Horizons	<p>“The biggest concerns for us are the caps on TCM, day habilitation and behavioral services. Many of the individuals in our services exceed these caps. We would like to see them raised.</p> <p>Our case managers often exceed the TCM caps. One of our clients in IRSS has been diagnosed with generalized anxiety, panic attacks, and possible agoraphobia. He calls his case manager two to three times daily for reassurance. His mental health issues contributed to his decision to leave his job which limits his disposable income which creates more anxiety. Medications were prescribed and we are monitoring him to see if they are effective. His case manager works closely with our residential staff to make sure his needs are being met. If his case manager attempted to reduce their communication, it is likely that he would experience greater anxiety which could have many negative repercussions. We do not intend to ask her to ration her contact with him.</p> <p>To address the day program cap, we adjusted the schedules of clients who could decrease their hours in</p>	<p>Unit limitations for Targeted Case Management, Behavioral Services and Day Habilitation were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services, Target Case Management, and Day Habilitation.</p>	

			<p>day program without any negative impact. There are, however, some clients who we believe truly benefit from 30 hours weekly. We offer 30 hours weekly to clients in host homes. We offer 30 hours weekly to clients who need the routine of a five weekdays away from their residence. We offer 30 hours weekly to clients who need as much socialization as they can get.</p> <p>For behavior services, the caps are problematic for individuals who need ABA services. Another concern is the change in the definition of eligible providers. Behavior line services are more difficult to bill for yet essential for the quality of life of some clients.</p> <p>The caps affect those individuals who need the most support. Adults with higher need receive funding for the same level of services as those with lower need. The caps are not a decision based on the welfare of the individual, but an average of services provided across the entire population.</p> <p>The caps place a strain on residential providers when clients need more behavior support, a strain on day program providers who are not receiving funding for needed day habilitation services, and a strain on case managers whose intervention can minimize the need for emergency services.”</p>		
36	2/14/14	Leslie R. Rothman Integrity Officer Director of Regulatory Affairs	<p>“Main 3. Components of Waiver Request : The 2009 SLS and CES waivers had Participant Direction of Services as an option for the development of CDASS. In the renewal documents, this is no longer</p>	<p>Main 3. Components of Waiver Request: Consumer Directed Attendant Support Services (CDASS) was removed by waiver amendment in 2011 per the Centers for Medicare and Medicaid Services (CMS) pending further analysis.</p>	

		Imagine!	<p>an option. It appears the change was made in the 2011 waiver amendments. Only the CES amendment is available on the CMS website. We find it discouraging that the options for participant direction have been removed from the waivers. Colorado invested significant energy in the development of self-direction and the work was stopped when CDASS was brought on as an option. With the move toward more participant direction of planning and services, this seems counter-intuitive. DDD Invested significant work into this option as well. Additionally, I/DD providers were not informed of this amendment to the waivers in 2011, when it appears to have been removed from the waivers.</p> <p>Main 7. Contact Persons: For the DD and SLS waiver, the contact for the Medicaid Agency is listed as Lori Thompson (from John Barry/Barb Prehmus). For the CES waiver, the contact is Sarah Roberts. To note, CES is the only application that still has a</p>	<p>CDASS is scheduled to be implemented in the HCBS-SLS waiver July 1, 2015. The work plan was shared with Stakeholders in August. Stakeholder input and participation with the work plan and service development will be requested.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the further implementation of CDASS in the HCBS-DD waiver.</p> <p>Main 7. Contact Persons: The Home and Community Based-Children's Extensive Support (HCBS-CES) waiver has been revised to list the contact for the Medicaid State Agency as Lori Thompson.</p>	
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		<p>contact for the State Operating Agency, rather than just the Medicaid Agency. We are curious if this is an error on the application or if there is some intention of moving the CES waiver out of the Office of Community Living into another division.</p> <p>Appendix B c. Transition of Individuals Affected by Max Age Limitation: The CES waiver changes the former transition to SLS services only to SLS or DD waiver at age 18. We greatly appreciate this new option for children with extensive support needs to be able to transition to the DD waiver, rather than to just the SLS waiver. With that appreciation, we are also concerned how this process will be instituted and how this will impact those who have been waiting for DD waiver services for many years. How will this choice be provided for when a child is transitioning to adult services?</p> <p>Appendix B 2 a. Individual Cost Limit: On the SLS waiver, spending limit increased from \$35K to \$36,400. Average per capita from 2009 was \$12,200, reduced in this application to \$11,500. Delete ‘combination of resources have been successful in keeping the individual at home’. The CES waiver increases to \$36,400 and shows an average per capita at \$13,100. Does the waiver limit need to be increased to reflect the 25% increase to the maximum SPAL approved in figure setting (2/12/14)?</p> <p>Appendix B 3 b. Limitations on the number of participants: For all three waivers, the former applications had ‘State does not limit # of participants</p>	<p>Appendix B C.: Case Management will utilize the existing process to offer the availability of the appropriate service to the enrollee.</p> <p>Appendix B 2 a.: The Home and Community Based Services-Supported Living Services (HCBS-SLS) renewed waiver includes the increase the maximum Service Plan Authorization Limit (SPAL) limit as appropriated by the Colorado General Assembly.</p> <p>Appendix B 3 b.: The waiver applications were revised to directly reflect the legislative appropriation for enrollments.</p>	
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		<p>it serves at any point in time during the waiver year’. This has been changed to ‘State limits’. The accompanying table for limits is not filled in at this time. We are curious why this has changed in the waivers and how that will be implemented when the waiver is approved.</p> <p>Appendix B 3 c. Reserve Waiver Capacity: For the SLS waiver, the purpose changed from CES only to Foster Care or HCBS Waivers for Children (not just CES). This age group is identified as 18-20 year olds. In addition, reserve capacity is added for Emergencies with a slightly different definition than in the DD waiver. How will children transitioning out of foster care be able to enter the SLS waiver, based on the setting they live? Would this require that the child move back into the family home or move into their own home?</p> <p>Appendix B 3 e. Allocation of Waiver Capacity: For the DD waiver, the waiver capacity is shifted to allocation/management on a statewide basis (2009 was allocated to local/regional). SLS remains with local entities, CES remains statewide basis. We strongly advocate for the waitlist management to resume to the local level for stability of providers and for assurances that allocations will be filled on a timely basis.</p> <p>Appendix B 3 f. Selection of Entrants to the Waiver: We strongly advocate for the waitlist management to resume to the local level for stability</p>	<p>Appendix B 3 c. Reserve Capacity: A person transitioning out of foster care will have the choice to select the waiver that best meets their individual needs.</p> <p>Appendix B 3 e.: The Division for Intellectual and Developmental Disabilities Allocation of Waiver Enrollment Task Group was charged with developing recommendations for consideration by the Department regarding the allocation of waiver capacity in the Home and Community Based Services- Supported Living Services (HCBS-SLS) and for Persons with Developmental Disabilities (HCBS-DD) waivers to determine a fair and equitable method of allocation.</p> <p>Appendix B 3 f.: The Department acknowledges the difficulty families and individuals face in securing services for people with intellectual and developmental disabilities and the role played by the waiting lists. To this end, the Department has initiated two work groups:</p>	
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			<p>of providers and for assurances that allocations will be filled on a timely basis.</p> <p>Appendix B b. i. Methods for Remediation: Existing language for addressing problems as they arise in addition to annual data collection and analysis; delegates waiver functions to CCBs for CM, UR and PAR. New language for CMs to document complaints</p>	<p>The Allocation of Waiver Enrollment Task Group- whose task is to develop recommendations for consideration by the Department regarding the allocation of waiver capacity in the HCBS-SLS and HCBS-DD waivers to determine a fair and equitable method of allocation.</p> <p>The State-level Management of Waiting List and Enrollment Task Group- whose task is to develop recommendations for consideration by the Department regarding the state management of the waiting list and enrollment into the HCBS-SLS Waiver.</p> <p>The Colorado General Assembly appropriated funds in the Fiscal Year 2013-2014 budget to end the waitlist for the Home and Community Based Services-Children’s Extensive Support (HCBS-CES) waiver. The Colorado General Assembly appropriated funds in the 2014-2015 budget to end the waitlist for the Home and Community Based Services-Supported Living Services (HCBS-SLS) waiver. The Colorado General Assembly passed HB 14-1051 - Developmental Disability Services Strategic Plan in 2014. This legislation directs the Division for Intellectual and Developmental Disabilities develop a plan to end the waitlist for the HCBS-DD waiver by 2020.</p> <p>Appendix B.b.i.: Complaints logged by Case Management are reported to the Division for Intellectual and Developmental Disabilities as part of the Quality Improvement Strategy.</p>	
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		<p>received on CMA complaint log, and assist with complaint resolution. Complaint log ‘comes to the Dept. on a quarterly basis’. The department reviews the log, notes trends and determines if further remediation is needed. “In addition to being available to the participant as needed, case managers are required to contact participants quarterly and inquire about the quality of services participants are receiving. When issues are identified the CMA administrator will contact the Dept for resolution. Includes language for the participant to contact the CM’s supervisor or Dept. if they don’t want to contact the CM directly. Removes the option for technical assistance to be provided to the CMA. Complaint logs are not a current requirement for CCBs, nor is the submission of complaint information to the Department. Complaint logs in the past had been d/c’d as administrative relief. TCM complaints are logged in case notes and in the BUS. The language ‘be available to the participant as needed’ should be stricken as it implies that CMs should be available on an unlimited basis for unlimited needs. This is not consistent with TCM functions or TCM caps.</p> <p>Appendix C-1/C-3: Certificates for Provider Qualifications changed from DHS/DDD to HCPF in most areas. Still some places where DHS is noted. While the State moves toward participant direction in service planning and service delivery, services available as well as the rate structure do not allow for choice, particularly in the area of accessing the community for recreational opportunities. In person centered planning, access to the community for typical</p>	<p>Appendix C-1/C-3: Recreation is not a waiver service reimbursed by Medicaid.</p>	
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		<p>recreation activities is a repeated request, yet is unable to be provided through funded services. This is also true for individualized services, particularly those provided in a community setting, that are generally provided in group situations.</p> <p>Appendix C-1/C-3 Day Habilitation: DD waiver continues caps at DH/Prevoc = 4800 + SE cannot exceed 7112. Also adds language ‘if DHSS and Prevoc cap of 4800 is insufficient to meet a participant’s needs, the safety net of Res Hab is available to participants 24/7’. The DD waiver states ‘day hab does not include sheltered workshop activities’. This is not included in the SLS waiver. SLS waiver continues caps at 7112 for all DHSS services (no 4800). New language ‘SLS not targeted to participants requiring 24/7. In the event 7112 is not sufficient to meet needs, client will be referred to another waiver, such as the DD waiver. Caps on Day Hab services should be increased to allow for individuals to resume full participation in day programs and employment opportunities. With funds being reverted, it would make sense to adjust caps for Day Hab as well as Behavioral Services and TCM to find the combination of utilization that is balanced with the allocation, rather than severely under utilized or severely over utilized. Additionally, although it has been the way of ‘comp’ services for many a year, the institution of the SIS (and restricted funding) does not necessarily allow for the Residential Hab to be the safety net if the capped day units does not meet the person’s needs.</p>	<p>Appendix C-1/C-3 Day Habilitation: Unit limitations for Day Habilitation were implemented in order to comply with budgetary constraints. The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Day Habilitation.</p> <p>Appendix C-1/C-3 Residential Habilitation: The Division for Intellectual and Developmental Disabilities Waiver</p>	
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			<p>Appendix C-1/C-3 Residential Habilitation: We strongly support the expansion of the use of technology in the definition of supervision to allow for waiver payment for equipment and supervision for the use of remote monitoring systems as a substitute in whole or part for human interface.</p> <p>Appendix C-1/C-3 Behavioral Services: The DD waiver has boxes checked to allow for Relative/Legal Guardian to provide behavioral services. This is not checked in the SLS waiver. Limits for consultant (80 units), assessment (40 units), counseling (208 units) and line services (960 units) remain in the DD and SLS waivers. The CES continues to limit assessment only (40 units).As with day services above, the caps for behavioral services should be increased or removed to allow for consumers to fully utilize the behavioral supports they need. When behavioral services can be fully utilized, the effect is long</p>	<p>Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the inclusion of assistive technology.</p> <p>Appendix C-1/C-3 Behavioral Services: Relative/Legal Guardian cannot provide behavioral services, the Home and Community Based Services-for Persons with Developmental Disabilities (HCBS-DD) waiver check boxes were corrected to reflect this.</p> <p>Unit limitations for Behavioral Services were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The</p>	
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			<p>reaching and may support long-term decreased costs to the system in the need for other supports.</p> <p>Appendix C-1/C-3 Non-Medical Transportation: SLS waiver allows for Relative/Legal Guardian to provide non-medical transportation. This is not checked in the DD waiver. This is also not a change from previous waivers. With family caregiver in effect, should non-medical transportation be checked for relative/family member in the DD waiver?</p> <p>Appendix C-2 f: Open Enrollment of Providers: DD and SLS remove references to Global QIS (though it</p>	<p>group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p> <p>Appendix C-1/C-3 Non-Medical Transportation: The Home and Community Based Services-for Persons with Developmental Disabilities (HCBS-DD) was corrected to check the boxes indicating that legal guardian and relative may provide Non-Medical Transportation.</p> <p>Appendix C-2f.: The Home and Community Based Services-for Persons with Developmental Disabilities (HCBS-DD) waiver has been corrected to state : “All parties interested in becoming Home and Community Based Service (HCBS) providers have access to required forms and</p>	
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			<p>remains in the CES waiver). The DD waiver states applications to become a DD provider are submitted to CDPHE. SLS states DHS/DDD and CES says directly to the Department. Will all PASA applications and certifications go through CDPHE?</p> <p>Appendix C-4 a. Additional Limits: DD waiver states limits on AT, Home Accessibility Adaptations and Vehicle Modifications at \$10K, though services are not in the DD waiver.</p> <p>Appendix D a. Responsibility for Service Plan Development: All three waivers have Case Manager checked for SP development. The qualifications for the CM in this section are unchanged from former waivers – state Bachelor’s degree or 2-year degree plus 2 years experience or 5 years experience in the field. See B-6 above. This area needs to be consistent with B-6 above.</p>	<p>instructions for completing the forms on the Department of Health Care Policy and Financing (the Department) website. Applications to become an HCBS provider are submitted to the Department, Division of Intellectual and Developmental Disabilities”. This same statement is in the HCBS-Supported Living Services (HCBS-SLS) and Children’s Extensive Support (HCBS-CES) waivers.</p> <p>Appendix C-4a.: The Home and Community Based Services- for Persons with Developmental Disabilities (HCBS-DD) waiver was corrected to remove the stated limits on services that are not provided by the waiver.</p> <p>Appendix D. a.: This statement was revised to correspond with language in rule (2 CCR 503-1 DEVELOPMENTAL DISABILITIES SERVICES (VOLUME 16) Number 16.246 E.). The current waiver lists the requirements as: “A Bachelor’s degree from an accredited college or university, or A two year degree plus two years of experience in the field of developmental disabilities, or Five years’ experience in the field of developmental disabilities.” The waiver renewal lists the requirements as “A Bachelor’s level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.” The requirement is not a Bachelor’s Degree and five (5) years’ experience, it is a Bachelor’s degree or five (5) years’ experience or some combination of education and experience equal to a Bachelor’s Degree or five (5) years’ experience. This will be clarified in the three waivers.</p>	
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			<p>Appendix D a. i. e. Sub-assurance: 4 previous performance measures reduced to 2. 1 PM will measure #/% of participants provided a fact sheet with general information about HCBS and specific information about services, providers and contact information. Will this fact sheet come from DDD?</p> <p>Appendix G c. Participant Training: Changes current requirements from informing participants upon enrollment and annually about MANE to the use of Keeping it Safe: Know Your Rights!. Requirement added to identify concerns about MANE in the service plan through the level of care assessment in the I/DD section of the Service Plan. This language was already in the latest version of the CES waiver, with slight wording changes. Will DDD provide Keeping it Safe to CCBs in order to comply with this requirement?</p> <p>Appendix G b. i. Use of Restrictive Interventions: Former language for ‘staff’ to be trained on ISSPs with restrictive procedures has been changed to ‘direct care service providers’. (Staff remains on the CES waiver.) Direct care is also used for someone who supervises an ISSP, and must still meet the definition of a Developmental Disabilities Professional. Paragraph stating ‘all direct service staff must receiving training on use of restraints, ECPs and SCPs prior to unsupervised contact; and staff responsible for use of restraints must be trained on emergency</p>	<p>Appendix D a.i.e.: There is currently a fact sheet about all waivers on the Department of Health Care and Policy Financing website.</p> <p>Appendix G c.: The requirement to use the Keeping it Safe document has been removed in the Home and Community Based Services- for Persons with Developmental Disabilities (HCBS-DD), Supported Living Services (HCBS-SLS), and Children’s Extensive Support (HCBS-CES) waivers.</p> <p>Appendix G b.i.: The use of direct care service providers was revised to be inclusive of Host Home providers.</p>	
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			<p>procedures’ has been deleted. Is the use of direct care service providers intended to distinguish between HCBS provider and Case Management?</p> <p>Appendix G: c. ii. State Policy: Language added for meds may be administered by PASA direct care service providers; and administered by direct care service providers. Staff administration section changes staff members to direct care service providers. Is the use of direct care service providers intended to distinguish between HCBS provider and Case Management? “</p>	<p>Appendix G c.ii.: The use of direct care service providers was revised to be inclusive of Host Home providers.</p>	
37	2/14/14	Chris Collins, Alliance	<p>“On behalf of Alliance I wanted to be on record with the main concerns I have received from members regarding the waiver renewals: Temporary caps in TCM, Day Hab and Behavioral need to be lifted. The negative impact on people served has been significant. Recommendation is to address with the legislature in the current session due to impact on people served.</p> <p>Why was CDASS removed particularly in light of the multi-year process to get new waivers developed.</p> <p>Change in Qualifications from 2 to 5 years. There is concern that this may limit the pool and increase cost due to additional years required.</p> <p>Some sections were incomplete. When will these sections be completed?</p>	<p>Unit limitations for Targeted Case Management, Behavioral Services and Day Habilitation were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The</p>	

			<p>There are some technical changes which need to be changed. Please reference a document Leslie Rothman is providing.</p> <p>Many thanks for providing the opportunity for input. We have asked Alliance members to also respond directly to you.”</p>	<p>work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services, Target Case Management, and Day Habilitation.</p> <p>Consumer Directed Attendant Support Services (CDASS) was removed by waiver amendment in 2011 per the Centers for Medicare and Medicaid Services (CMS) pending further analysis.</p> <p>CDASS is scheduled to be implemented in the HCBS-SLS waiver July 1, 2015. The work plan was shared with Stakeholders in August. Stakeholder input and participation with the work plan and service development will be requested.</p> <p>Appendix B-6 c.: This statement was revised to correspond with language in rule (2 CCR 503-1 DEVELOPMENTAL DISABILITIES SERVICES (VOLUME 16) Number 16.246 E.). The current waiver lists the requirements as: “A Bachelor's degree from an accredited college or university, or A two year degree plus two years of experience in the field of developmental disabilities, or Five years’ experience in the field of developmental disabilities.” The waiver renewal lists the requirements as “A Bachelor's level degree of education, five (5) years of experience in the field of developmental disabilities, or some combination of education and experience appropriate to the requirements of the position.” The requirement is not a Bachelor’s Degree and 5 years’ experience, it is a Bachelor’s degree or 5 years’ experience or some combination of education and experience equal to a Bachelor’s Degree or 5 years’ experience. This will be clarified in the 3 waivers.</p>	
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38	2/15/14	Bob and Anastasia Lawhead	<p>“We are submitting comments on behalf of our family in response to Lori Thompson's email of January 15, 2014 that had the same subject line as this email communication to you.</p> <p>Our comments refer to concern about how service funding within the HCBS SLS and DD Waivers for people with intellectual and developmental disabilities is driving segregated and/or congregate services. This is occurring for Supported Community Connections. Service funding for this service is administered so that each individual service recipient brings a funding amount based upon their Supports Intensity Scale (SIS) score which translates into a 1 to 6 tier level. Individuals with tier levels of 1 to 5 will necessarily be forced into congregate (group) services because the associated rates are inadequate to serve those individuals on a one to one basis. A primary function of this service, to “provide a wide variety of opportunities to facilitate and build relationships and natural supports in the community,” which refers to building relationships with community members. Relationship building and natural support development cannot be achieved when a person is being served with a group of other people with disabilities. This work requires focused effort by staff, one person at a time. Best practice supported community connections requires a one to one staff – customer ratio which is not affordable for people with funding tiers 1 through 5.</p> <p>This has an extremely harmful impact on people like my son who is targeted to transition from the CES</p>	<p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of services to ensure and promote service provision in integrated environments.</p>	
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			<p>Waiver, within which Community Connector services are adequately funded. My son has worked with one Community Connector for over two years and another for about six months. They have been receiving \$15.59 per hour as a result of our CCB's (Imagine!) Family Most in Need and more recently CES Waiver program. Once he transitions into the SLS Waiver next month, the pay for his Community Connectors will reduce to \$11.50 per hour (because Respite will be the only service we can use). They have already indicated that they cannot work for that pay so we will lose both of them. This is heart-breaking considering all the training we have put into them becoming truly effective mentors for our son. The loss of these staff is immense and will most certainly negatively impact our son. At the \$11.50 rate of pay it is unlikely we will be able to find staff of their caliber. We have been told that the rates are so low for Supported Community Connections that one to one services for our son is impossible.</p> <p>Thank you for the opportunity to submit this comment on HCBS Waiver renewal.”</p>		
39	2/18/14	Adam Potter, Behavior Services of the Rockies	<p>“In regards to the review on the caps on behavior services in the Medicaid Waiver: I have been a direct provider of Medicaid services for 8 years and contributed to the creation of Imagine!’s IBHS department. It was an awkward endeavor and I observed and participated in many examples of inefficient service delivery. Many of us were new to the field and everyone was new to the amount of funding that immediately became available when the</p>	<p>Unit limitations for Behavioral Services in the HCBS-DD waiver were implemented in order to comply with budgetary constraints.</p> <p>The Division for Intellectual and Developmental Disabilities Waiver Redesign Work Group was formed at the direction of the Community Living Advisory Group (CLAG), which was created as a result of Executive Order D2012-027. Comprised of Division staff, providers, advocates, and</p>	

		<p>criteria for lead billing was dropped to a master's degree. I remember how amazed some of my colleagues were when I actually proposed and developed a tool for tracking of billing in order to avoid overbilling. It was sometimes entertaining, but often painful going through that learning curve. The cuts did wonders for our efficiency and in many ways I am grateful for the effects the caps had on our efficiency (I am currently a BSOTR employee).</p> <p>There are two separate problems that I would like to comment on:</p> <p>1) The caps frequently allow for sufficient funding to treat many of our clients problems. The main issue with effectiveness is more related to the service provider agency we are consulting with, and no amount of funding is going to make them cooperate if they choose not to. However, clients that have cooperative and energetic service agencies, but also have very severe and dangerous behavior problems are simply not given the opportunity to benefit from behavior therapy because the caps simply can't cover the cost of their treatment. Then they bounce from service provider to provider and cost the whole system in measurable and immeasurable ways. The Regional Centers are flooded and provide what I have observed on many occasions ineffective and wasteful behavior therapy.</p> <p>2) There is no current funding stream for therapist travel. The result is that families throughout rural Colorado are essentially un-servable. Many recent children have secured CES funding, but there is simply no way for a behavior service provider to</p>	<p>consumers, the group began meeting in October of 2013. The group's goal is to create a person-centered waiver for adults with intellectual and developmental disabilities that also incorporates the principles of the CLAG which include: Providing services in a timely manner with respect and dignity, strengthening consumer choice in service provision; incorporating best practices in service delivery; encouraging integrated home-and community-based service delivery; involving stakeholders in planning and processes; and incorporating supportive housing. The group is targeting an implementation date of July 1, 2016 for the new waiver. The work of the group necessarily includes evaluation of the appropriateness of the unit limitations for Behavioral Services.</p> <p>The CLAG and the Waiver Redesign Work Group recognize the individualized needs of people facing behavioral and mental health challenges and are incorporating person-centered approaches to behavioral health services design.</p>	
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			<p>maintain sufficient doses of treatment and not lose money in the process. I think this issue is a loophole, because Denver Metro families get profoundly better services than even a relatively large town like Sterling.</p> <p>If you have read this, I thank you for your time and consideration,”</p>		
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